

## Selective Deafness

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At 73 years old, still with a full head of thick, salt-and-pepper hair, his patrician features unmarred by wrinkles, the patient was a sturdy survivor of three serious myocardial infarctions. This was his fifth admission to the coronary care unit (CCU), another "R/O MI." This time, it turned out, he had merely severe angina. If not for CCU visiting rules, he would have been surrounded by his attentive family who spent most of the day in the visitors' area. His wife, eight years his junior but in appearance ten years his senior, was diabetic and nearly blind, and her anxiety about his illness was poorly contained. She was constantly seeking reassurance, from their children, from the nurses, and from me, the resident caring for him. She also, indirectly, sought reassurance from the patient, asking him how soon he would be coming home to take care of all of the things that had gone wrong since he had become ill.

Shortly before his discharge, I was approached by one of his daughters. His children were aware of the pressure their mother was unwittingly placing on their father in her frantic casting about for reassurance. They were concerned about the effect this might have on their father when he returned home. They feared he would overexert himself in an effort to assuage his wife's anxiety. To extend his convalescence, the children had agreed among themselves to invite their parents to stay with any one of them for several weeks following his discharge. But their father was adamant; he and his wife belonged at home, and that was where he was going.

Would I help? Would I persuade their father to go with one of them? I hesitated. Through the misadventures to which the naive are prone, I had learned to be cautious about being drawn into such family discussions without having a reasonable appreciation of how the family operated. Yet, despite their almost continuous presence, I really had no sense of how this family functioned. But

they were clearly a caring family, so, albeit with some reluctance, I agreed.

My initial approach was upbeat: "Wouldn't it be nice to get away for a while and see the grandchildren?"

"No, Doctor, my place is at home with Mama."

I rattled the medical saber a little: "It will help your recovery to be able to rest for a while longer."

"No, Doctor, my place is at home with Mama."

I indulged in a little clinical sniping: "It's hard to rest when you go home, and there are things to do all around."

"No, Doctor, . . ."

At this point, it had become a challenge to my persuading abilities, and I pulled out the big guns: "But when you're at home, your wife is always pressing you to do things, and it's not good for you to be under so much pressure."

At that, this distinguished, courtly gentleman turned and looked directly at me with the pitying look I could imagine he would use with a child. "But, Doctor, you don't have to worry. I don't listen."

Caution in intervention, whatever its nature, is a lesson that often needs to be relearned.

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*"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.*

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